



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

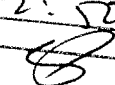
2013 FEB 11 PM 2:59

Office of the Governor of Guam

FEB 08 2013

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guam 96910

32-13-109

Office of the Speaker
Judith T. Won Pat, Ed. D.
Date 2/11/13
Time 2:50pm
Received by 

RE: Board Appointment

Dear Speaker Won Pat:

By virtue of the authority vested in me pursuant to the Organic Act of Guam and the local laws applicable to the following position, I am pleased to transmit the following appointment and supporting documents for:

APPOINTEE: Pelagio S. Sardoma
POSITION: Member, Board of Equalization
TERM LENGTH: Four (4) years

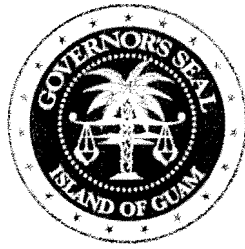
The appointment is subject to the consent of *I Liheslaturan Guåhan*. Please schedule a hearing at your earliest convenience.

Senseramente

EDDIE BAZA CALVO

Enclosure

0109



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

JAN 25 2013

Mr. Pelagio S. Sardoma
P.O. Box 8865
Tamuning, Guam 96931

RE: Board Appointment

Dear Mr. Sardoma:

Thank you for your commitment to serve the people of Guam. The Calvo Tenorio administration is facing unprecedented challenges, both near and long-term. The task ahead of us will require the collective efforts of the best minds who will have the courage to make tough decisions for the good of all our people. I hereby appoint you to serve in the Calvo Tenorio administration as:

Member, Board of Equalization

This appointment is subject to confirmation by *I Liheslaturan Guåhan* and is effective upon your confirmation. Please contact the Office of the Governor at 472-8931-6 should you have any further questions regarding this appointment.

Senseramente,

EDDIE BAZA CALVO



OFFICE OF THE GOVERNOR
GUAM

The following is information required for submission to the Speaker of *I Liheslaturan Guåhan* in accordance with 4 G.C.A. § 2103.5 of the Guam Code Annotated.

1. Citizenship: US

2. DOB: [REDACTED] Age: 66

3. Residential Address (NOT mailing address):

[REDACTED]

4. Email Address: pela@sardoma.com

5. Have you ever been convicted of a crime? Yes No

If yes, please explain:

6. Have you ever been declared mentally incompetent by any court? Yes No

7. Have you ever been found **not** guilty or **not** punishable in any criminal proceedings by reason of insanity? Yes No

If yes, please explain:

8. Have you ever been confined to a mental institution? Yes No

If yes, please explain:

SIGNATURE

1/31/13
DATE



Appointment application

TODAY'S DATE: _____

POSITION APPLYING FOR:

- Director
- Deputy Director
- Boards/Commission
- Other _____

AGENCY/DEPARTMENT/BOARDS/COMMISSION DESIRED: List top 3 choices.

1. BOARD OF EQUALIZATION
2. _____
3. _____

Would you consider any other positions than listed above? YES NO

GENERAL INFORMATION

NAME: PELAGIO S. SARDOMA

MAILING ADDRESS: _____
 CITY: T _____

HOME PHONE: _____ WORK PHONE: _____ CELL/PAGER: _____

SOCIAL SECURITY NUMBER: _____

LICENSES:	TYPE	EXPIRATION DATE
<u>RB-555</u>	<u>REAL ESTATE BROKER</u>	<u>4/7/15</u>
<u>20/20015</u>	<u>TAX PREPARER</u>	<u>6/30/13</u>
_____	<u>ACCIG CONSULTANT</u>	<u>6/30/13</u>

BACKGROUND INFORMATION

List your prior Government of Guam Appointments and dates of service:

Government of Guam Appointment	Dates of Service
<u>MEMBER - BOARD OF EQUALIZATION</u>	<u>2005 -</u>
_____	_____
_____	_____
_____	_____

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

_____	_____
_____	_____
_____	_____
_____	_____

REFERENCES

List three (3) character and family references (name, address, & telephone number):

NAME	ADDRESS	PHONE
1. ARTEMIO LAGAN	[REDACTED]	[REDACTED]
2. TIM OF TANA	[REDACTED]	[REDACTED]
3. JONG K. KIM	[REDACTED]	[REDACTED]

EDUCATION

Education (Circle highest grade completed & degree)

High School: 9 10 11 12 College: 1 2 3 4 AA BA BS Post-Grad: MBA JD MA MS PhD

Location: LURO, PAIL School Attended: UNIVERSITY OF THE EAST School Attended: _____
Location: MANILA, PAIL Location: _____
Concentration: ACCOUNTING Concentration: _____
Degree: BBA (Acc'tg) Degree: _____
Attended From: 64 to 69 Attended From: _____ to _____

Other Degrees or Certificates: CPA (Retired) GUAM, NEW JERSEY

TRAINING

Cont'd.

Include professional institutes, seminars, and on-the-job training attended with date:

INSTITUTE/SEMINARS/ON-THE-JOB

DATE

INSTITUTE/SEMINARS/ON-THE-JOB	DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AWARDS

List all educational, professional, civic awards, & recognition for public service:

PROFESSIONAL INVOLVEMENT

List involvement on a local/national/international level, list organizations, activities participated in, offices held:

GUAM ACCOUNTANTS ASSOC - TREASURER

KNIGHTS OF COLUMBUS - DEVEDO - TREASURER

COMMUNITY/CIVIC INVOLVEMENT

List organizations, activities participated in, offices held:

PUBLICATIONS & PRESENTATIONS

Cont'd.

List published articles, papers delivered at professional meetings:

MILITARY SERVICE

List type of discharge, branch, rank at discharge, current status, record of any court marshals or non-judicial punishment under the Uniform Code of Military Justice, & special distinctions & honors. Please attach copy of DD214.

EMPLOYMENT HISTORY

EMPLOYMENT EXPERIENCE: Please begin with your present or last positions you have held for the past ten years. Account for all periods of employment including military service, volunteer work, self employment and periods of unemployment in separate blocks. Use separate blocks if your duties and responsibilities changed while working for the same employer. For volunteer work, write the word "Volunteer" in the salary section for that block. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and kinds of employees you supervised. If more space is needed, please use supplemental form attached. Your answers may be verified with former employers.

1	Employer: <u>SELF</u>	From: <u>1985</u>	To: <u>PRESENT</u>
Address: <u>HARRIGADA, GUYANA</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
City:	State	Zip	Average hours worked per week:
Name of Supervisor:		Starting Salary:	per
Your Title: <u>owner</u>		Ending Salary:	per
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other	
<u>accounting/bookkeeping, tax preparation business consulting, real estate transactions</u>			
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO		Reason(s) for Leaving:	
What did you NOT like about your job?			
2	Employer:	From: _____	To: _____
Address:		<input type="radio"/> Full-Time <input type="radio"/> Part-Time	

Cont'd.

City:	State	Zip	Average hours worked per week:
Name of Supervisor:			Starting Salary: _____ per
Your Title:			Ending Salary: _____ per
Duties & Responsibilities:			<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
_____ _____ _____ _____ _____ _____			
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO			Reason(s) for Leaving:
What did you NOT like about your job?			
3	Employer:		From: _____ To: _____
Address:			<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City:	State	Zip	Average hours worked per week:
Name of Supervisor:			Starting Salary: _____ per
Your Title:			Ending Salary: _____ per
Duties & Responsibilities:			<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
_____ _____ _____ _____ _____ _____			
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO			Reason(s) for Leaving:
What did you NOT like about your job?			
4	Employer:		From: _____ To: _____
Address:			<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City:	State	Zip	Average hours worked per week:

Cont'd.

Name of Supervisor:	Starting Salary: _____ per
Your Title:	Ending Salary: _____ per
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job?	

5 Employer:	From: _____ To: _____
Address:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City: _____ State _____ Zip _____	Average hours worked per week:
Name of Supervisor:	Starting Salary: _____ per
Your Title:	Ending Salary: _____ per
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job?	

Explain any periods of unemployment longer than thirty days: _____

MANAGEMENT EXPERIENCE

A	Have you ever managed a Business, Department or an entire organization? <input checked="" type="radio"/> YES <input type="radio"/> NO
	If YES, did you report to a Board of Directors? <input type="radio"/> YES <input checked="" type="radio"/> NO
	If your answer is NO, please select the management position/title you held: <input type="radio"/> Lead <input type="radio"/> Administrator <input type="radio"/> Deputy Director <input type="radio"/> Supervisor <input type="radio"/> Superintendent <input type="radio"/> Assistant General Manager <input checked="" type="radio"/> Manager <input type="radio"/> Director (<i>under a GM/CEO, President</i>) <input type="radio"/> Vice President
B	Number of years of service in the highest ranking management position you have held. (Please check one of the following)
	<input type="radio"/> under 1 year <input type="radio"/> 9+ – 15 years <input type="radio"/> 1+ – 3 years <input type="radio"/> 15+ – 20 years <input type="radio"/> 3 + – 5 years <input checked="" type="radio"/> 20+ and up <input type="radio"/> 5+ – 9 years
C	Sector of Organization you served with the most years. <input type="radio"/> GOVERNMENT: <input type="radio"/> Local <input type="radio"/> Federal
	<input checked="" type="radio"/> PRIVATE <input type="radio"/> OTHER: _____

SUPERVISORY

A	Total number of employees in the organization/department you have managed:		
	<input checked="" type="radio"/> 50 and under	<input type="radio"/> 101 – 250	<input type="radio"/> 501 and up
	<input type="radio"/> 51 – 100	<input type="radio"/> 251 – 500	
Average number of staff who reported directly to you:			<input checked="" type="radio"/> Under 25 <input type="radio"/> 201 – 300 <input type="radio"/> 501 and up <input type="radio"/> 26 – 50 <input type="radio"/> 301 – 400 <input type="radio"/> 51 – 200 <input type="radio"/> 401 – 500
Are you knowledgeable of the local and federal labor laws?			<input type="radio"/> YES <input type="radio"/> NO

PERFORMANCE RATING

A	Was the organization/department you managed "profitable" or did your organization perform as formally planned?		
	<input checked="" type="radio"/> YES <input type="radio"/> NO		
	Variance from projected income:	<input type="radio"/> Below plan	<input checked="" type="radio"/> Met plan <input type="radio"/> Above plan
Variance from projected expenses:			<input type="radio"/> Below plan <input checked="" type="radio"/> Met plan <input type="radio"/> Above plan

OTHER ABILITIES

A	Have you ever participated in a strategic planning process? <input type="radio"/> YES <input checked="" type="radio"/> NO		
	If YES, please select one of the following to describe your participation. <input type="radio"/> Facilitated <input type="radio"/> Directed <input type="radio"/> Implemented		
	Do you have any experience with:	Restructuring an organization	<input type="radio"/> YES <input checked="" type="radio"/> NO
		Process Improvement	<input type="radio"/> YES <input checked="" type="radio"/> NO
		Re-engineering	<input type="radio"/> YES <input checked="" type="radio"/> NO
		Total Quality Management	<input type="radio"/> YES <input checked="" type="radio"/> NO
Have you ever participated in formal negotiations with another organization?			<input type="radio"/> YES <input checked="" type="radio"/> NO
If YES, check the boxes describing your role:			<input type="checkbox"/> Observer <input type="checkbox"/> Assistant <input type="checkbox"/> Chief Negotiator <input type="checkbox"/> Advisor/Consultant
Have you been involved in policy making process?			<input type="radio"/> YES <input checked="" type="radio"/> NO
If YES, please check the boxes which best describes your role:			<input type="checkbox"/> Management <input type="checkbox"/> Board and/or Commission <input type="checkbox"/> Legislation (includes lobbying process)

TECHNOLOGY

A	Have you been involved in promoting the use of Technology in your organization? <input type="radio"/> YES <input checked="" type="radio"/> NO		
	Please select all items which describes your involvement:		
			<input type="checkbox"/> Sponsor <input type="checkbox"/> Development <input type="checkbox"/> Planning <input type="checkbox"/> Design <input type="checkbox"/> Coordination <input type="checkbox"/> Implementation

GRANTS

A	Have you been involved in applying, administering, awarding Grants? <input type="radio"/> YES <input checked="" type="radio"/> NO		
---	---	--	--

Please check the boxes which best describes your involvement:

- Aide
- Researchers
- Writer
- Administrator
- Reviewer
- Funder

SKILLS

Indicate appropriate letter for your skill level:

C=Course only **F**-Fair **G**-Good **E**= Excellent

Windows Software:	Skill Level (C-F-G-E)	Version	Skill Level (C-F-G-E)	Version
MS Word	None	_____	WordPerfect	None
Excel	None	_____	Presentation	None
PowerPoint	None	_____	Quattro Pro	None
			Lotus	None

GENERAL

Summarize and explain any experience and/or skills which you feel would be beneficial to employers: Explain:

Of the jobs you have held, which did you like best? Why?

What do you feel are your outstanding strengths?

What do you feel are your primary weaknesses?

What gives you the most satisfaction in your work?

What is your concept of success?

Cont'd.

Please write any additional information that you would like us to know about you (e.g. hobbies)

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission is sufficient to disqualify me for employment or may result in a discharge if employed. I authorize my former employers, schools, government agencies and other entities to give any information (including fact or opinion) they may have regarding me, whether or not it is on their record. I hereby release them and the company from all liabilities as a result of furnishing and receiving this information. I understand that any offer of employment is subject to satisfactory references. I understand and agree that I may be required to submit to pre-employment drug test and post-offer medical examination as part of my application for employment with the offer of employment conditioned on the result of such test and examination. I also understand and agree that at any time during my employment, I may be required to submit to a drug test and/or a medical examination. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the organization I am applying to. If employed, I agree to abide by my employer's policies and recognize that this application is not intended in any way to create an employment contract.

Signature of Applicant:



Date:

1/31/13

Your application will be placed in our active application files for twelve months. If you are not employed within six months but still wish to be considered for a specific opening, please contact the Governor's Office to inform us of the specific opening for which you wish to be considered.



STATEMENT OF FINANCIAL INTERESTS

TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: DELAGIO S. SARDOMA

Social Security #: [REDACTED]

- I have no financial interest in any business
- I do have interest(s) in the following business(es):

Name and address of business interest:

Type and amount of interest

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Delagio S. Sardoma
Signature (sign in ink)

11/31/13
Date



STATEMENT OF TAX LIABILITIES

TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: PECAGIO S. SARDOMA

Social Security #: [REDACTED]

- I have no delinquent or past-due tax liabilities
- I do have delinquent or past due liabilities as follows:

Name and address of business interest:	Type and amount of interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Pecagio S. Sardoma
Signature (sign in ink)

11/3/13
Date

Cont'd.

Submit



OFFICE OF THE GOVERNOR
GUAM

AFFIDAVIT

I, **PELAGIO S. SARDOMA**, being first duly sworn, deposes and sayeths:

1. That I have read and reviewed the information contained in the attached Nomination Letter from the Governor of Guam.

2. That the matters contained in the Nomination Letter and all attachments thereto are true and correct.

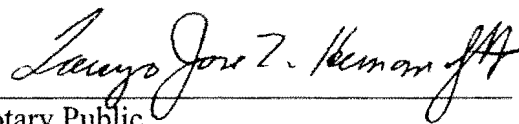
3. That this affidavit is made for the purpose of complying with the requirements of 4 GCA §2103.5.

I declare under penalty of perjury that the foregoing is, to the best of my knowledge, true and correct.



PELAGIO S. SARDOMA (SIGNATURE)

SUBSCRIBED AND SWORN TO before me this 31 day of JANUARY,
2013.



Notary Public

LORENZO JOSE Z. HERNANDEZ III
NOTARY PUBLIC
In and for Guam, U.S.A.
My Commission Expires: **June 04, 2016**
P.O. Box 10334 Tamuning, Guam 96931



**Government of Guam
 GUAM POLICE DEPARTMENT
 RECORDS & IDENTIFICATION SECTION
 P.O. Box 23909
 Guam Main Facility, Guam 96921**



January 31, 2013

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Pelagio S. SARDOMA		
DATE OF BIRTH:	██████████	FINGERPRINT #:	116-533
██████	The individual has no record of criminal conviction(s) in GPD files that are subject to Guam law and rules and regulations of the Department.		

*****NOTHING FOLLOWS*****

THIS INFORMATION MAY BE LIMITED TO A LOCAL CRIMINAL OFFENSE ONLY AND IS NOT INTENDED FOR USE FOR ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY. THIS CLEARANCE DOES NOT REFLECT ARREST(S) PENDING ADJUDICATION.

By Direction : K. VALENZUELA

**FRED E. BORDALLO, JR.
 CHIEF OF POLICE**

The absence of an original GUAM POLICE seal invalidates this police clearance.
REVISED: 07/12/11



SUPERIOR COURT OF GUAM

Guam Judicial Center • 120 West O'Brien Drive • Hagåtña, Guam 96910

Telephone (671) 475-3370

Fax (671) 477-1500

RICHARD B. MARTINEZ

Clerk of Courts

Name: PELAGIO S SARDOMA

SS#:

ID# GUAM DL#:



Date of Birth:



CERTIFICATE OF SEARCH

The undersigned Clerk hereby certifies the following results of a diligent search of the records of this Court:

Criminal Cases:

- A. No Case Found.
- B. 1. Criminal Case No.
- 2. Criminal Case No.
- 3. Criminal Case No.
- 4. Criminal Case No.
- 5. Criminal Case No.

Criminal Record: Page of

Civil Cases:

- A. No Case Found
- B. 1. Civil Case No.
- 2. Civil Case No.
- 3. Civil Case No.
- 4. Civil Case No.
- 5. Civil Case No.

Civil Record: Page of

Request for further information may be addressed at the Records Division of the Superior Court of Guam, Guam Judicial Center, 120 West O'Brien Drive, Hagatna, Guam. Hours of operation are Monday – Friday, 8:00 a.m. to 5:00 p.m. Closed Saturday, Sunday and local/federal holidays. Court Clearances are Non-Refundable.

Dated: January 31, 2013

RICHARD B. MARTINEZ

Clerk of Courts

BY:

LORRAINE C CRUZ

Deputy Clerk

Prepared By: JJAP



The absence of an original Court Seal invalidates this document